

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/05/670	FILING DATE			
						APPLICANT(S)				
7749 9-20-99 CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51			
2	/		/	/	/		52			
3	/		X		X		53			
4	/		X		X		54			
5							55			
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45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.			1		2		TOTAL IND.			
TOTAL DEP.			1		2		TOTAL DEP.			
TOTAL CLAIMS	1		1		1		TOTAL CLAIMS	1		

BEST AVAILABLE COPY

2

CLAIMS ONLY

Application Number

090576.70

Filing Date

Applicant(s)

3-6-00 4-3-00 7-21-00

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				
	Indep	Depend	Indep	Depend	Indep	Depend			
1	/		/		/				
2		/							
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50									
Total Indep	2		2		3				
Total Depend	8	←	8	←	7	←			
Total Claims	10		10		10				